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| Class | Subclass |
| ISSUE CLASSIFICATION | |

U.S. UTILITY Patent Application

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| O.I.P.E: | PATENT DATE |
| HKM SCANNED <i>[Signature]</i> | Q.A. <i>[Signature]</i> |

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| APPLICATION NO. 09/863234 | CONT/PRIOR D | CLASS 128 | SUBCLASS 857 | ART UNIT 3736 | EXAMINER Lau K |
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APPLICANTS

Louis Argenta
Michael Morykwas

Wound treatment employing reduced pressure

TITLE

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PTO-2040
12/99

| ISSUING CLASSIFICATION | | | | | | | | | | | | | | | |
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| ORIGINAL | | | | | CROSS REFERENCE(S) | | | | | | | | | | |
| CLASS | | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | |
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| INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | | | | |
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|--|--|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS | | | CLAIMS ALLOWED | |
| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) (Date) | | | NOTICE OF ALLOWANCE MAILED | |
| | | | | | |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____ | _____ (Primary Examiner) (Date) | | | ISSUE FEE | |
| | | | | Amount Due | Date Paid |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed. | _____ (Legal Instruments Examiner) (Date) | | | ISSUE BATCH NUMBER | |
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